



MINNESOTA DEPARTMENT OF HEALTH  
 OFFICE OF THE STATE REGISTRAR  
 FATHERS' ADOPTION REGISTRY  
 P.O. BOX 64499  
 ST. PAUL, MN 55164-0449



**BIOLOGICAL MOTHER SEARCH REQUEST**

- I am requesting an **optional** search of the Registry as allowed by Minnesota Statutes, §259.52, subdivision 2, which may be performed at anytime, but if performed before the child is 30 days old, must be performed again after 31 days after the birth.
- I am requesting the **required** search of the Registry as allowed by Minnesota Statutes, §259.52, subdivision 2, which must be performed no sooner than the 31<sup>st</sup> day after the birth of the child who is the subject of the birth.

I, \_\_\_\_\_, the biological mother of the child who is the subject of this adoption, have the authority to request a search of the Minnesota Fathers' Adoption Registry, as the biological mother of the child who is listed in this request. My phone number is: \_\_\_\_\_.

Circle whether this search is requested in relation to a step-parent, relative or non-relative adoption matter. Please provide the court file number for the pending adoption. Court File # \_\_\_\_\_.  
 (The court file number is required, if known).

**CHILD**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST, FIRST MIDDLE

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Total # of Children named on the petition \_\_\_\_\_  
MALE FEMALE MONTH DAY YEAR

Place of Birth: \_\_\_\_\_  
HOSPITAL CITY STATE

**BIOLOGICAL MOTHER (Requester)**

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST, FIRST MIDDLE

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MONTH DAY YEAR

Current Address: \_\_\_\_\_  
STREET APARTMENT # CITY STATE ZIP CODE

I am submitting this request in compliance with Minnesota Statutes, Section 259.52. The information provided by the Minnesota Fathers' Adoption Registry will be used for the sole purpose of notification of the putative father identified, or as documentation that no putative father was identified. This information may only be used for purposes authorized under Minnesota Statutes, section 259.52 or other law.

\_\_\_\_\_  
MOTHER'S SIGNATURE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DATE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC, County of \_\_\_\_\_ My Commission expires \_\_\_\_\_

There is a \$ 25 fee to search the MFAR. Please provide the fee with the Application to the address listed on the top of this form. Forms submitted without the fee will not be processed, and will delay return of the results.

Notary Signature \_\_\_\_\_

